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Bib Data Sheet

CONFIRMATION NO. 6776

<b>SERIAL NUMBER</b> 10/084,106	<b>FILING DATE</b> 02/27/2002 <b>RULE</b>	<b>CLASS</b> 725	<b>GROUP ART UNIT</b> 2611	<b>ATTORNEY DOCKET NO.</b> SNY-R4976
<b>APPLICANTS</b> Robert Allan Unger, El Cajon, CA;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/296,673 06/06/2001 AND CLAIMS BENEFIT OF 60/304,241 07/10/2001 AND CLAIMS BENEFIT OF 60/304,131 07/10/2001 AND CLAIMS BENEFIT OF 60/343,710 10/26/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/18/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 51
<b>INDEPENDENT CLAIMS</b> 7				
<b>ADDRESS</b> 24337				
<b>TITLE</b> Reconstitution of program streams split across multiple program identifiers				
<b>FILING FEE RECEIVED</b> 1634	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	